

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017864

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1Primary Registration District No. 3000Registrar's No. 179

STATE FILE NUMBER

FILED JUN 11 1962

## 1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kirksville

Length of stay in 1b

5 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Kirksville Osteopathic

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Macon

admission)

c. CITY

OR TOWN

Elmer

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

James

Middle

Mock

Last

4. DATE OF DEATH

Month

Day

Year

May

31

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug 22 1887

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Month 9 Days 9

IF UNDER 24 HR

Hours 9 Min. 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Adair County Missouri U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Sampson Mock

13b. MOTHER'S MAIDEN NAME

Lutitia Hawkins

14. NAME OF HUSBAND OR WIFE

Ina Mock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ina Mock Elmer NMO

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

medullary failure

INTERVAL BETWEEN  
ONSET AND DEATH

Unknown

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Cerebral thrombosis

DUE TO (c)

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-26-62 to 5-31-62 and last saw him alive on 5-31-62Death occurred at 10:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. J. Levitt M.D.

22b. ADDRESS

K.O.H.  
800 W. Jefferson - City

22c. DATE SIGNED

6-1-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

June 3 1962

23c. NAME OF CEMETERY OR CREMATORY

Elmer

23d. LOCATION (City, town, or county)

Macon County Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

H. H. McCallum South Gifford Mo

25. DATE RECD. BY LOCAL REG.

June 7. 1962

26. REGISTRAR'S SIGNATURE

Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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122-2

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DATE AMENDED

Permit renewed May 31, 1962

S. J. DEVITO, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. H. McCallister

Licensed Embalmer No. 2052-

P. O. Address South Gifford Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.